

SPONSORSHIP AGREEMENT

Organization		
Address		
City	State/Province	Zip
Contact Person	Title	
Email		
Phone	Fax	

SPONSORSHIP(S) REQUESTED

Event/Item:	Sponsorship Level:	\$
Additional Event/Items:		\$
Total Payment Amount:		\$

PAYING BY CREDIT CARD* – Complete this portion and e-mail completed agreement to Geneva Barber, ACLI or Email: GenevaBarber@acli.com

**A credit card processing fee of 3.95% will be added for credit card charges.*

☐ American Express ☐ Visa ☐ MasterCard ☐ Discover

Card Number	Expiration Date
Cardholder's Name	
Cardholder's Signature	Date

PAYING BY CHECK – Mail your completed agreement with check payable to American Council of Life Insurers

Geneva Barber
American Council of Life Insurers
101 Constitution Ave., Ste. 700
Washington, DC 20001

All sponsorships are granted on first-come basis unless an agreement is made for first right of refusal for the following year; telephone reservations will be held for three business days pending receipt of agreement and payment. The sponsor agrees to submit the applicable fee with the agreement. Once the ACLI has received a signed agreement and payment, a copy signed by an ACLI representative will be returned to you via email.

If you have questions, contact Geneva Barber, Director, Conference Services at (202) 624-2312 or GenevaBarber@acli.com.

Cancellation Policy: All requests for refunds must be in writing. If your cancellation is received by **Friday, October 4, 2019**, ACLI will refund your sponsor fee less \$300 administrative charge and any charges already incurred by ACLI.

NOTE: Sponsors may not conduct group functions, such as meetings, off-site events, receptions, or other similar activities, during times which conflict with any officially programmed meeting event.

Company Representative Signature	Printed Name and Title	Date
ACLI Representative Signature	Printed Name and Title	Date